



ANNUAL STATEMENT  
For the Year Ending December 31, 2004  
OF THE CONDITION AND AFFAIRS OF THE  
Health Plan of Michigan, Inc.

NAIC Group Code	0000	0000	NAIC Company Code	52563	Employer's ID Number	38-3253977
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]	
Incorporated	12/31/1995		Commenced Business	12/31/1995		
Statutory Home Office	17515 W. Nine Mile Road, Suite 650		Southfield, MI 48075			
	(Street and Number)		(City, or Town, State and Zip Code)			
Main Administrative Office	17515 W. Nine Mile Road, Suite 650					
	(Street and Number)					
	Southfield, MI 48075		(248)557-3700			
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number)			
Mail Address	17515 W.Nine Mile Road, Suite 650		Southfield, MI 48075			
	(Street and Number or P.O. Box)		(City, or Town, State and Zip Code)			
Primary Location of Books and Records	Same					
	(Street and Number)					
	Same,		(248)557-3700			
	(City, or Town, State and Zip Code)		(Area Code) (Telephone Number)			
Internet Website Address	www.hpmich.com					
Statutory Statement Contact	Jon B. Cotton		(248)204-6011			
	(Name)		(Area Code)(Telephone Number)(Extension)			
	jcotton@hpmich.com		(248)557-4638			
	(E-Mail Address)		(Fax Number)			
Policyowner Relations Contact	17515 W. Nine Mile Road, Suite 650					
	(Street and Number)					
	Southfield, MI 48075		(248)557-3700			
	(City, or Town, State and Zip Code)		(Area Code) (Telephone Number)(Extension)			

OFFICERS

Name	Title
David B. Cotton M.D.	President/CEO
Thomas Lauzon	Secretary/CIO
Janice Torosian	Treasurer/CFO

OTHERS

DIRECTORS OR TRUSTEES

Timothy Beck  
Thomas Lauzon  
Melanie Shearman

George Ellis  
Laura Leege

State of Michigan  
County of Oakland ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
David B. Cotton, M.D.	Thomas Lauzon	Janice Torosian
(Printed Name)	(Printed Name)	(Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[ ]
day of	b. If no,	
, 2005	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

(Notary Public Signature)

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
NONE						
0599999 Accident and health premiums due and unpaid (Page 2, Line 12) ...	.....	.....	.....	.....	.....	.....

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
<b>Pharmaceutical Rebate Receivables - Not Individually Listed</b>						
4D-Pharmacy Rebate .....				112,111	112,111	
0199998 Subtotal - Pharmaceutical Rebate Receivables - Not Individually Listed .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....				112,111	112,111	
0299998 Subtotal - Claim Overpayment Receivables - Not Individually Listed .....						
0299999 Subtotal - Claim Overpayment Receivables .....						
0399998 Subtotal - Loans and Advances to Providers - Not Individually Listed .....						
0399999 Subtotal - Loans and Advances to Providers .....						
<b>Capitation Arrangements Receivables - Not Individually Listed</b>						
0499998 Subtotal - Capitation Arrangements Receivables - Not Individually Listed .....						
0499999 Subtotal - Capitation Arrangements Receivables .....						
0599998 Subtotal - Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....						
<b>Other Receivables - Not Individually Listed</b>						
State of Michigan-Maternity .....	389,622	68,378	51,468	91,481	91,481	509,468
State of Michigan - Hedis Bonus .....	381,676					381,676
State of MI/First Health Psychotropic Drug Carveout Reimbursement .....	592,397					592,397
MTM Refund .....	224,173					224,173
0699998 Subtotal - Other Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Receivables .....	1,587,868	68,378	51,468	91,481	91,481	1,707,714
0799999 Gross health care receivables .....	1,587,868	68,378	51,468	203,592	203,592	1,707,714

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**  
**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
RX America - Pharmacy .....	1,377,578					1,377,578
0199999 Total - Individually Listed Claims Unpaid .....	1,377,578					1,377,578
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	170,442					170,442
0499999 Subtotals .....	1,548,020					1,548,020
0599999 Unreported claims and other claim reserves .....						13,154,000
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						14,702,020
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						533,045

**21     Exhibit 5 - Amounts Due From Parent ..... NONE**

**22     Exhibit 6 - Amounts Due to Parent ..... NONE**

**EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total	Total Members Covered	Column 3 as a % of Total	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>							
1.	Medical groups .....	2,361,267	2.033				2,361,267
2.	Intermediaries .....						
3.	All other providers .....						
4.	Total capitation payments .....	2,361,267	2.033				2,361,267
<b>Other Payments:</b>							
5.	Fee-for-service .....	29,423,377	25.334	X X X	X X X		29,423,377
6.	Contractual fee payments .....	83,400,647	71.809	X X X	X X X		83,400,647
7.	Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments .....	957,739	0.825	X X X	X X X		957,739
9.	Non-contingent salaries .....			X X X	X X X		
10.	Aggregate cost arrangements .....			X X X	X X X		
11.	All other payments .....			X X X	X X X		
12.	Total other payments .....	113,781,763	97.967	X X X	X X X		113,781,763
13.	Total (Line 4 plus Line 12) .....	116,143,030	100.000	X X X	X X X		116,143,030

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NONE					
9999999			X X X	X X X	X X X

**EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	328,157	.....	185,281	.....	64,295	78,582
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	Total .....	328,157	.....	185,281	.....	64,295	78,582



**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION: 2. DIVISION:														
NAIC Group Code		BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR											NAIC Company Code 52563	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3				Federal Employees Health Benefit Plan							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only		Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
<b>Total Members at end of:</b>														
1.	Prior Year .....	68,568								68,568				
2.	First Quarter .....	77,464								77,464				
3.	Second Quarter .....	83,423								83,423				
4.	Third Quarter .....	85,354								85,354				
5.	Current Year .....	87,325								87,325				
6.	Current Year Member Months .....	980,917								980,917				
<b>Total Member Ambulatory Encounters for Year:</b>														
7.	Physician .....	729,148								729,148				
8.	Non-Physician .....	609,369								609,369				
9.	Total .....	1,338,517								1,338,517				
10.	Hospital Patient Days Incurred .....	24,918								24,918				
11.	Number of Inpatient Admissions .....	6,929								6,929				
12.	Health Premiums Written .....	151,862,631								151,862,631				
13.	Life Premiums Direct .....													
14.	Property/Casualty Premiums Written .....													
15.	Health Premiums Earned .....	143,141,850								143,141,850				
16.	Property/Casualty Premiums Earned .....													
17.	Amount Paid for Provision of Health Care Services .....	116,143,031								116,143,031				
18.	Amount Incurred for Provision of Health Care Services .....	119,925,383								119,925,383				

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....





**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

NAIC Group Code		REPORT FOR: 1. CORPORATION: 2. DIVISION: BUSINESS IN THE STATE OF <b>GRAND TOTAL</b> DURING THE YEAR											NAIC Company Code 52563	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3				Federal Employees Health Benefit Plan							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only		Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
<b>Total Members at end of:</b>														
1.	Prior Year .....	68,568								68,568				
2.	First Quarter .....	77,464								77,464				
3.	Second Quarter .....	83,423								83,423				
4.	Third Quarter .....	85,354								85,354				
5.	Current Year .....	87,325								87,325				
6.	Current Year Member Months .....	980,917								980,917				
<b>Total Member Ambulatory Encounters for Year:</b>														
7.	Physician .....	729,148								729,148				
8.	Non-Physician .....	609,369								609,369				
9.	Total .....	1,338,517								1,338,517				
10.	Hospital Patient Days Incurred .....	24,918								24,918				
11.	Number of Inpatient Admissions .....	6,929								6,929				
12.	Health Premiums Written .....	151,862,631								151,862,631				
13.	Life Premiums Direct .....													
14.	Property/Casualty Premiums Written .....													
15.	Health Premiums Earned .....	143,141,850								143,141,850				
16.	Property/Casualty Premiums Earned .....													
17.	Amount Paid for Provision of Health Care Services .....	116,143,031								116,143,031				
18.	Amount Incurred for Provision of Health Care Services .....	119,925,383								119,925,383				

30 Grand Total

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

SCHEDULE A - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement) .....	691,688
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 11 .....	(36,445)
2.2	Totals, Part 3, Column 7 .....	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)) .....	532,154
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 14 .....	80,275
4.2	Totals, Part 3, Column 9 .....	
5.	Total profit (loss) on sales, Part 3, Column 14 .....	89,186
6.	Increase (decrease) by foreign exchange adjustment:	
6.1	Totals, Part 1, Column 12 .....	
6.2	Totals, Part 3, Column 8 .....	
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13 .....	711,290
8.	Book/adjusted carrying value at the end of current period .....	645,569
9.	Total valuation allowance .....	
10.	Subtotal (Lines 8 plus 9) .....	645,569
11.	Total nonadmitted amounts .....	52,571
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column) .....	592,998

SCHEDULE B - VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year .....	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions .....	
2.2	Additional investment made after acquisitions .....	
3.	Accrual of discount and mortgage interest points and commitment fees .....	
4.	Increase (decrease) by adjustment .....	
5.	Total profit (loss) on sale .....	
6.	Amounts paid on account or in full during the year .....	
7.	Amortization of premium .....	
8.	Increase (decrease) by foreign exchange adjustment .....	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....	
10.	Total valuation allowance .....	
11.	Subtotal (Lines 9 plus 10) .....	
12.	Total nonadmitted amounts .....	
13.	Statement value of mortgages owned at end of current period (Page 2,mortgage lines, Net Admitted Assets column) .	

SCHEDULE BA - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year .....	1,056,181
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions .....	2,000,000
2.2	Additional investment made after acquisitions .....	2,000,000
3.	Accrual of discount .....	
4.	Increase (decrease) by adjustment .....	261,818
5.	Total profit (loss) on sale .....	
6.	Amounts paid on account or in full during the year .....	
7.	Amortization of premium .....	
8.	Increase (decrease) by foreign exchange adjustment .....	
9.	Book/adjusted carrying value of long-term invested assets at end of current period .....	3,317,999
10.	Total valuation allowance .....	
11.	Subtotal (Lines 9 plus 10) .....	3,317,999
12.	Total nonadmitted amounts .....	
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3) .....	3,317,999

**SCHEDULE D - PART 1A - SECTION 1**

**Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations**

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1.	U.S. Government, Schedules D & DA (Group 1)											
1.1	Class 1	250,000	175,455	1,148,258	222,848		1,796,561	12.13	1,028,707	26.80	1,796,561	
1.2	Class 2											
1.3	Class 3											
1.4	Class 4											
1.5	Class 5											
1.6	Class 6											
1.7	TOTALS	250,000	175,455	1,148,258	222,848		1,796,561	12.13	1,028,707	26.80	1,796,561	
2.	All Other Governments, Schedules D & DA (Group 2)											
2.1	Class 1											
2.2	Class 2											
2.3	Class 3											
2.4	Class 4											
2.5	Class 5											
2.6	Class 6											
2.7	TOTALS											
3.	States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1	Class 1											
3.2	Class 2											
3.3	Class 3											
3.4	Class 4											
3.5	Class 5											
3.6	Class 6											
3.7	TOTALS											
4.	Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1	Class 1		637,071	446,028			1,083,099	7.31	1,105,552	28.80	1,083,099	
4.2	Class 2											
4.3	Class 3											
4.4	Class 4											
4.5	Class 5											
4.6	Class 6											
4.7	TOTALS		637,071	446,028			1,083,099	7.31	1,105,552	28.80	1,083,099	
5.	Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1	Class 1			1,008,398			1,008,398	6.81	879,780	22.92	1,008,398	
5.2	Class 2											
5.3	Class 3											
5.4	Class 4											
5.5	Class 5											
5.6	Class 6											
5.7	TOTALS			1,008,398			1,008,398	6.81	879,780	22.92	1,008,398	

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

**Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations**

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6.	Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1	Class 1 .....											
6.2	Class 2 .....											
6.3	Class 3 .....											
6.4	Class 4 .....											
6.5	Class 5 .....											
6.6	Class 6 .....											
6.7	TOTALS .....											
7.	Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1	Class 1 .....	10,322,478	599,430				10,921,908	73.75	824,918	21.49	10,921,908	
7.2	Class 2 .....											
7.3	Class 3 .....											
7.4	Class 4 .....											
7.5	Class 5 .....											
7.6	Class 6 .....											
7.7	TOTALS .....	10,322,478	599,430				10,921,908	73.75	824,918	21.49	10,921,908	
8.	Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1	Class 1 .....											
8.2	Class 2 .....											
8.3	Class 3 .....											
8.4	Class 4 .....											
8.5	Class 5 .....											
8.6	Class 6 .....											
8.7	TOTALS .....											
9.	Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1	Class 1 .....											
9.2	Class 2 .....											
9.3	Class 3 .....											
9.4	Class 4 .....											
9.5	Class 5 .....											
9.6	Class 6 .....											
9.7	TOTALS .....											

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

**Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations**

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year												
10.1	Class 1	10,572,478	1,411,956	2,602,684	222,848		14,809,966	100.00	X X X	X X X	14,809,966	
10.2	Class 2								X X X	X X X		
10.3	Class 3								X X X	X X X		
10.4	Class 4								X X X	X X X		
10.5	Class 5						(c)		X X X	X X X		
10.6	Class 6						(c)		X X X	X X X		
10.7	TOTALS	10,572,478	1,411,956	2,602,684	222,848		(b) 14,809,966	100.00	X X X	X X X	14,809,966	
10.8	Line 10.7 as a % of Column 6	71.39	9.53	17.57	1.50		100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year												
11.1	Class 1	200,000	1,359,594	1,015,712	1,263,651		X X X	X X X	3,838,957	100.00	3,838,957	
11.2	Class 2						X X X	X X X				
11.3	Class 3						X X X	X X X				
11.4	Class 4						X X X	X X X				
11.5	Class 5						X X X	X X X	(c)			
11.6	Class 6						X X X	X X X	(c)			
11.7	TOTALS	200,000	1,359,594	1,015,712	1,263,651		X X X	X X X	(b) 3,838,957	100.00	3,838,957	
11.8	Line 11.7 as a % of Col. 8	5.21	35.42	26.46	32.92		X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds												
12.1	Class 1	10,572,478	1,411,956	2,602,684	222,848		14,809,966	100.00	3,838,957	100.00	14,809,966	X X X
12.2	Class 2											X X X
12.3	Class 3											X X X
12.4	Class 4											X X X
12.5	Class 5											X X X
12.6	Class 6											X X X
12.7	TOTALS	10,572,478	1,411,956	2,602,684	222,848		14,809,966	100.00	3,838,957	100.00	14,809,966	X X X
12.8	Line 12.7 as a % of Col. 6	71.39	9.53	17.57	1.50		100.00	X X X	X X X	X X X	100.00	X X X
12.9	Line 12.7 as a % of Line 10.7, Col. 6, Section 10	71.39	9.53	17.57	1.50		100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds												
13.1	Class 1										X X X	
13.2	Class 2										X X X	
13.3	Class 3										X X X	
13.4	Class 4										X X X	
13.5	Class 5										X X X	
13.6	Class 6										X X X	
13.7	TOTALS										X X X	
13.8	Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9	Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X	X X X	

(a) Includes \$..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
(b) Includes \$..... current year, \$..... prior year of bonds with Z designations and \$..... current year, \$..... prior year of bonds with Z\* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.  
(c) Includes \$..... current year, \$..... prior year of bonds with 5\* designations and \$..... current year, \$..... prior year of bonds with 6\* designations. "5\*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

**SCHEDULE D - PART 1A - SECTION 2**

**Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues**

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1.	U.S. Governments, Schedules D & DA (Group 1)											
1.1	Issuer Obligations .....	250,000		427,806	222,848		900,654	6.08	220,134	5.73	900,654	
1.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....		175,455	720,452			895,907	6.05	808,573	21.06	895,907	
1.7	TOTALS .....	250,000	175,455	1,148,258	222,848		1,796,561	12.13	1,028,707	26.80	1,796,561	
2.	All Other Governments, Schedules D & DA (Group 2)											
2.1	Issuer Obligations .....											
2.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
2.3	Defined .....											
2.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
2.5	Defined .....											
2.6	Other .....											
2.7	TOTALS .....											
3.	States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1	Issuer Obligations .....											
3.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
3.3	Defined .....											
3.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
3.5	Defined .....											
3.6	Other .....											
3.7	TOTALS .....											
4.	Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1	Issuer Obligations .....		637,071	446,028			1,083,099	7.31	1,105,552	28.80	1,083,099	
4.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
4.3	Defined .....											
4.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
4.5	Defined .....											
4.6	Other .....											
4.7	TOTALS .....		637,071	446,028			1,083,099	7.31	1,105,552	28.80	1,083,099	
5.	Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, SCH. D & DA (Group 5)											
5.1	Issuer Obligations .....		1,008,398				1,008,398	6.81	879,780	22.92	1,008,398	
5.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
5.3	Defined .....											
5.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
5.5	Defined .....											
5.6	Other .....											
5.7	TOTALS .....		1,008,398				1,008,398	6.81	879,780	22.92	1,008,398	

**SCHEDULE D - PART 1A - SECTION 2 (continued)**

**Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues**

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations .....											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities .....											
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
6.3 Defined .....											
6.4 Other .....											
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
6.5 Defined .....											
6.6 Other .....											
6.7 TOTALS .....											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations .....	10,322,478	599,430				10,921,908	73.75	824,918	21.49	10,921,908	
7.2 Single Class Mortgage-Backed/Asset-Backed Securities .....											
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
7.3 Defined .....											
7.4 Other .....											
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
7.5 Defined .....											
7.6 Other .....											
7.7 TOTALS .....	10,322,478	599,430				10,921,908	73.75	824,918	21.49	10,921,908	
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations .....											
8.7 TOTALS .....											
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations .....											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities .....											
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
9.3 Defined .....											
9.4 Other .....											
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
9.5 Defined .....											
9.6 Other .....											
9.7 TOTALS .....											

**SCHEDULE D - PART 1A - SECTION 2 (continued)**

**Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues**

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
10. Total Bonds Current Year											
10.1 Issuer Obligations	10,572,478	2,244,899	873,834	222,848		13,914,059	93.95	X X X	X X X	13,914,059	
10.2 Single Class Mortgage-Backed/Asset-Backed Securities		175,455	720,452			895,907	6.05	X X X	X X X	895,907	
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
10.3 Defined								X X X	X X X		
10.4 Other								X X X	X X X		
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
10.5 Defined								X X X	X X X		
10.6 Other								X X X	X X X		
10.7 TOTALS	10,572,478	2,420,354	1,594,286	222,848		14,809,966	100.00	X X X	X X X	14,809,966	
10.8 Line 10.7 as a % of Column 6	71.39	16.34	10.76	1.50		100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year											
11.1 Issuer Obligations	200,000	1,359,594	1,015,712	455,078		X X X	X X X	3,030,384	78.94	3,030,384	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities				808,573		X X X	X X X	808,573	21.06	808,573	
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
11.3 Defined						X X X	X X X				
11.4 Other						X X X	X X X				
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
11.5 Defined						X X X	X X X				
11.6 Other						X X X	X X X				
11.7 TOTALS	200,000	1,359,594	1,015,712	1,263,651		X X X	X X X	3,838,957	100.00	3,838,957	
11.8 Line 11.7 as a % of Column 8	5.21	35.42	26.46	32.92		X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	10,572,478	2,244,899	873,834	222,848		13,914,059	93.95	3,030,384	78.94	13,914,059	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Securities		175,455	720,452			895,907	6.05	808,573	21.06	895,907	X X X
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
12.3 Defined											X X X
12.4 Other											X X X
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
12.5 Defined											X X X
12.6 Other											X X X
12.7 TOTALS	10,572,478	2,420,354	1,594,286	222,848		14,809,966	100.00	3,838,957	100.00	14,809,966	X X X
12.8 Line 12.7 as a % of Column 6	71.39	16.34	10.76	1.50		100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	71.39	16.34	10.76	1.50		100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										X X X	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities										X X X	
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
13.3 Defined										X X X	
13.4 Other										X X X	
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
13.5 Defined										X X X	
13.6 Other										X X X	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Column 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							X X X	X X X	X X X	X X X	



**SCHEDULE DA - PART 2**  
**Verification of SHORT-TERM INVESTMENTS Between Years**

		1	2	3	4	5
		Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, prior year .....	.....	.....	.....	.....	.....
2.	Cost of short-term investments acquired .....	10,125,000	10,125,000	.....	.....	.....
3.	Increase (decrease) by adjustment .....	.....	.....	.....	.....	.....
4.	Increase (decrease) by foreign exchange adjustment .....	.....	.....	.....	.....	.....
5.	Total profit (loss) on disposal of short-term investments .....	.....	.....	.....	.....	.....
6.	Consideration received on disposal of short-term investments .....	.....	.....	.....	.....	.....
7.	Book/adjusted carrying value, current year .....	10,125,000	10,125,000	.....	.....	.....
8.	Total valuation allowance .....	.....	.....	.....	.....	.....
9.	Subtotal (Lines 7 plus 8) .....	10,125,000	10,125,000	.....	.....	.....
10.	Total nonadmitted amounts .....	.....	.....	.....	.....	.....
11.	Statement value (Lines 9 minus 10) .....	10,125,000	10,125,000	.....	.....	.....
12.	Income collected during year .....	71,224	71,224	.....	.....	.....
13.	Income earned during year .....	71,224	71,224	.....	.....	.....

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

**40     Schedule DB Part A Verification ..... NONE**

**40     Schedule DB Part B Verification ..... NONE**

**41     Schedule DB Part C Verification ..... NONE**

**41     Schedule DB Part D Verification ..... NONE**

**41     Schedule DB Part E Verification ..... NONE**

**42     Schedule DB Part F Sn 1 - Sum Replicated Assets ..... NONE**

**43     Schedule DB Part F Sn 2 - Recon Replicated Assets ..... NONE**

**44     Schedule S - Part 1 - Section 2 ..... NONE**

**45     Schedule S - Part 2 ..... NONE**

**SCHEDULE S - PART 3 - SECTION 2**

**Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year**

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<b>Affiliates</b>												
67105 ...	41-0451140 ...	08/01/1999	Reliastar Life Insurance Company .....	Minneapolis, Minnesota .....		549,937						
0199999	Total - Affiliates .....					549,937						
0399999	Totals .....					549,937						

**SCHEDULE S - PART 4**  
**Reinsurance Ceded To Unauthorized Companies**

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
				N O N E									
1199999 Totals (General Account and Separate Accounts combined) .....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

**SCHEDULE S - PART 5**  
**Five-Year Exhibit of Reinsurance Ceded Business**  
**(000 Omitted)**

	1 2004	2 2003	3 2002	4 2001	5 2000
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....					
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....	550	521	410	313	228
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....			70	33	85
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances unpaid .....					
11. Unauthorized reinsurance offset .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F) .....					
13. Letters of credit (L) .....					
14. Trust agreements (T) .....					
15. Other (O) .....					

**SCHEDULE S - PART 6**  
**Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance**

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 10) .....	36,591,527		36,591,527
2. Accident and health premiums due and unpaid (Line 12) .....			
3. Amounts recoverable from reinsurers (Line 13.1) .....			
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	2,579,203		2,579,203
6. Total assets (Line 26) .....	39,170,730		39,170,730
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	14,702,021		14,702,021
8. Accrued medical incentive pool and bonus payments (Line 2) .....	533,045		533,045
9. Premiums received in advance (Line 8) .....			
10. Reinsurance in unauthorized companies (Line 18) .....			
11. All other liabilities (Balance) .....	3,487,631		3,487,631
12. Total liabilities (Line 22) .....	18,722,697		18,722,697
13. Total capital and surplus (Line 30) .....	20,448,035	X X X	20,448,035
14. Total liabilities, capital and surplus (Line 31) .....	39,170,732		39,170,732
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
15. Claims unpaid .....			
16. Accrued medical incentive pool .....			
17. Premiums received in advance .....			
18. Reinsurance recoverable on paid losses .....			
19. Other ceded reinsurance recoverables .....			
20. Total ceded reinsurance recoverables .....			
21. Premiums receivable .....			
22. Unauthorized reinsurance .....			
23. Other ceded reinsurance payables/offsets .....			
24. Total ceded reinsurance payables/offsets .....			
25. Total net credit for ceded reinsurance .....			

**SCHEDULE Y (continued)**  
**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 52563 ..	.. 38-3253977 ..	HEALTH PLAN OF MI INC .....	..... 1,500,000	.....	.....	.....	.....	.....	.....	.....	..... 1,500,000	.....
9999999 Totals .....			..... 1,500,000	.....	.....	.....	.....	.....	X X X	.....	..... 1,500,000	.....

Schedule Y Part 2 Explanation: During 2004, Health Plan of Michigan, Inc. declared a dividend and paid a dividend to Caidan Enterprises, Inc. The dividend payment was approved by the Michigan Office of Financial and Insurance Services

# SUPPLEMENTAL EXHIBITS AND SCHEDULES

## INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
MARCH FILING	
1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
3. Will an actuarial certification be filed by March 1?	Yes
4. Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes
5. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
6. Will the Life Supplement be filed with the state of domicile and the NAIC by March 1?	No
7. Will the Property/Casualty Supplement be filed with the state of domicile and the NAIC by March 1?	No
APRIL FILING	
8. Will Management's Discussion and Analysis be filed by April 1?	Yes
9. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?	No
10. Will the Investment Risks Interrogatories be filed by April 1?	Yes
JUNE FILING	
11. Will an audited financial report be filed by June 1 with the state of domicile?	Yes
Explanations:	

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



525632004360000002004Document Code: 360

Health Life Supplement



525632004205000002004Document Code: 205

Health Property / Casualty Supplement



525632004207000002004Document Code: 207

LTC Experience Reporting Form C



525632004330000002004Document Code: 330



OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
2304. Pre-Paid Expenses .....	35,193	35,193		
2397. Summary of remaining write-ins for Line 23 (Lines 2304 through 2396) .....	35,193	35,193		

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2304. Pre-Paid Expenses .....	35,193	15,690	(19,503)
2397. Summary of remaining write-ins for Line 23 (Lines 2304 through 2396) .....	35,193	15,690	(19,503)

Supp11	Supp. Inv. Risk Interr. Pt E .....	NONE
Supp12	Supp. Inv. Risk Interr. Pt F .....	NONE
Supp13	Life Supplement Title Page .....	NONE
Supp14	Exhibit 5 - Aggregate Reserve for Life .....	NONE
Supp15	Exhibit 5 - Interrogatories .....	NONE
Supp16	Exhibit 7 - Deposit Type Contracts .....	NONE
Supp17	Schedule S - Part 1 - Section 1 .....	NONE
Supp18	Schedule S - Part 3 - Section 1 .....	NONE
Supp24	Property Supplement Title Page .....	NONE
Supp25	Schedule F Part 1 Assumed Reinsurance .....	NONE
Supp26	Schedule F Part 3 Ceded Reinsurance .....	NONE
Supp27	Schedule P - Part 1 Summary .....	NONE
Supp28	Schedule P - Part 1A .....	NONE
Supp29	Schedule P - Part 1B .....	NONE

Supp30	Schedule P - Part 1C .....	NONE
Supp31	Schedule P - Part 1D .....	NONE
Supp32	Schedule P - Part 1E .....	NONE
Supp33	Schedule P - Part 1F Sn 1 .....	NONE
Supp34	Schedule P - Part 1F Sn 2 .....	NONE
Supp35	Schedule P - Part 1G .....	NONE
Supp36	Schedule P - Part 1H Sn 1 .....	NONE
Supp37	Schedule P - Part 1H Sn 2 .....	NONE
Supp38	Schedule P - Part 1I .....	NONE
Supp39	Schedule P - Part 1J .....	NONE
Supp40	Schedule P - Part 1K .....	NONE
Supp41	Schedule P - Part 1L .....	NONE
Supp42	Schedule P - Part 1M .....	NONE
Supp43	Schedule P - Part 1N .....	NONE

Supp44	Schedule P - Part 1O .....	NONE
Supp45	Schedule P - Part 1P .....	NONE
Supp46	Schedule P - Part 1R Sn 1 .....	NONE
Supp47	Schedule P - Part 1R Sn 2 .....	NONE
Supp48	Schedule P - Part 1S .....	NONE
Supp49	Schedule P - Part 2 Summary .....	NONE
Supp50	Schedule P - Part 2A .....	NONE
Supp50	Schedule P - Part 2B .....	NONE
Supp50	Schedule P - Part 2C .....	NONE
Supp50	Schedule P - Part 2D .....	NONE
Supp50	Schedule P - Part 2E .....	NONE
Supp51	Schedule P - Part 2F Sn 1 .....	NONE
Supp51	Schedule P - Part 2F Sn 2 .....	NONE
Supp51	Schedule P - Part 2G .....	NONE
Supp51	Schedule P - Part 2H Sn 1 .....	NONE
Supp51	Schedule P - Part 2H Sn 2 .....	NONE
Supp52	Schedule P - Part 2I .....	NONE
Supp52	Schedule P - Part 2J .....	NONE
Supp52	Schedule P - Part 2K .....	NONE
Supp52	Schedule P - Part 2L .....	NONE
Supp52	Schedule P - Part 2M .....	NONE
Supp53	Schedule P - Part 2N .....	NONE
Supp53	Schedule P - Part 2O .....	NONE
Supp53	Schedule P - Part 2P .....	NONE
Supp54	Schedule P - Part 2R Sn 1 .....	NONE
Supp54	Schedule P - Part 2R Sn 2 .....	NONE
Supp54	Schedule P - Part 2S .....	NONE
Supp56	Insurance Expense Exhibit Title Page .....	NONE
Supp57	Insurance Expense Exhibit Interrogatories .....	NONE
Supp58	Insurance Expense Exhibit Part I .....	NONE

<b>Supp59</b>	<b>Insurance Expense Exhibit Part II .....</b>	<b>NONE</b>
<b>Supp60</b>	<b>Insurance Expense Exhibit Part II (Cont.) .....</b>	<b>NONE</b>
<b>Supp61</b>	<b>Insurance Expense Exhibit Part III .....</b>	<b>NONE</b>
<b>Supp62</b>	<b>Insurance Expense Exhibit Part III (Cont.) .....</b>	<b>NONE</b>
<b>PS32</b>	<b>Schedule P - Part 3 Summary (Work Paper) .....</b>	<b>NONE</b>
<b>PS33</b>	<b>Schedule P - Part 3A (Work Paper) .....</b>	<b>NONE</b>
<b>PS33</b>	<b>Schedule P - Part 3B (Work Paper) .....</b>	<b>NONE</b>
<b>PS33</b>	<b>Schedule P - Part 3C (Work Paper) .....</b>	<b>NONE</b>
<b>PS33</b>	<b>Schedule P - Part 3D (Work Paper) .....</b>	<b>NONE</b>
<b>PS33</b>	<b>Schedule P - Part 3E (Work Paper) .....</b>	<b>NONE</b>
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<b>PS34</b>	<b>Schedule P - Part 3H Sn 1 (Work Paper) .....</b>	<b>NONE</b>
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